

**MARICOPA COUNTY DEPARTMENT OF TRANSPORTATION
PROJECT SPECIFIC CONSULTANT PAYMENT REQUEST**

SUBMIT THIS PAYMENT REQUEST TO: Maricopa County Department of Transportation, Attention: Financial Branch Services, 2901 West Durango Street, Phoenix, Arizona 85009-6357.

CONSULTANT'S NAME: _____ DATE: _____
CONSULTANT'S ADDRESS: _____
PROJECT NAME: _____ PAYMENT REQUEST NO.: _____
CONTRACT NO.: _____ TIME PERIOD: _____ TO _____
WORK ORDER NO.: _____
MCDOT PROJECT MANAGER (not procurement contact): _____

A. CONSULTANT'S CONTRACT FEES

- | | | |
|----|--|-------------------|
| 1. | Contract Amount (Basic/Lump Sum Fee) | \$ _____ |
| 2. | Contract Additions (Approved Change Orders and Contract Amendments, Allowances, Work Authorizations, and Not-to-Exceed Work or Expenses) | |
| 1. | _____ | 3. _____ 5. _____ |
| 2. | _____ | 4. _____ 6. _____ |
| 3. | Total Contract Additions: | \$ _____ |
| 4. | Total Current Contract Amount (A1 plus A3) | \$ _____ |

B. CONSULTANT'S FEE EARNED TO DATE

- | | | |
|----|--|-------------------|
| 1. | Value of Basic Fee Work Completed _____ % x _____ = | \$ _____ |
| 2. | Requested Payment for: Allowances, NTE Work or Expenses, Work Authorizations, Change Orders, Contract Amendments, etc. (attach backup documentation for allowances, NTE work and expenses, work authorizations). | |
| 1. | _____ | 3. _____ 5. _____ |
| 2. | _____ | 4. _____ 6. _____ |
| 3. | Total Contract Additions | \$ _____ |
| 4. | Total Fee Earned To Date (B1 plus B3) | \$ _____ |
| 5. | Percentage Total Contract Work Completed | _____ |

C. PAYMENT REQUEST DATA

- | | | |
|----|--|------------|
| 1. | Less Prior Net Payments | \$ _____ |
| 2. | Less Prior Retainage | \$ _____ * |
| 3. | Total Payment Request (B4 minus C1 minus C2) | \$ _____ |
| 4. | Less Retainage this Payment Request | \$ _____ * |
| 5. | Total Retainage to Date (C2 plus C4) | \$ _____ * |
| 6. | Net Payment Request (C3 minus C4) | \$ _____ |

If this is a full and final payment request be certain to include the required Certificate of Performance (COP).

Submitted by: _____
Consultant Date

Payment Request Verification: _____
MCDOT Project Manager Date

Approval to Pay: _____
MCDOT Division Head Date

*** If substitute security accounts have been approved by MCDOT, write "ESCROW".**

A Design and Progress Report MUST accompany this payment request, when applicable. Requests for release/reduction of retention must include a separate memo & invoice justifying release/reduction, dated with MCDOT's Project Manager's concurrence.